



## Product-Plan Data Collection

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

**Aetna Life Insurance Company**

39127

**1/1/2017**

### Product/Plan Level Calculations

## **Section I: General Product and Plan Information**

Product		Aetna Indemnity	Aetna PPO							
Product ID:		39127KY006	39127KY007							
Metal:		Silver	Silver	Bronze	Bronze	Gold		Silver	Gold	Silver
AV Metal Value		0.720	0.716	0.620	0.614	0.819	0.795	0.715	0.819	0.699
AV Pricing Value		1.180	1.009	0.716	0.669	1.107	1.051	0.978	1.159	0.866
Plan Category		Renewing	Renewing	New	New	New	New	New	New	New
Plan Type:		Indemnity	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
		KY Silver								
Plan Name		KY Silver Indemnity 2000 80	KY Silver PPO 3000 100 75 HSA E	KY Bronze PPO 5500 80 60 HSA E	KY Bronze PPO 6350 90 70 HSA E	KY Gold PPO 1000 80 60	KY Gold PPO 1500 80 60 Integrated	KY Silver PPO 2500 80 60	KY Gold PPO 500 90 70	KY Silver PPO 5000 80 60
Plan ID (Standard Component ID):		39127KY0060001	39127KY0070005	39127KY0070007	39127KY0070008	39127KY0070009	39127KY0070010	39127KY0070011	39127KY0070012	39127KY0070013
Exchange Plan?		No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%							
Historical Rate Increase - Calendar Year - 1		0.00%	0.00%							
Historical Rate Increase - Calendar Year 0		0.00%	0.00%							
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		4.96%	8.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		8.95%	12.37%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Rate Increase %		8.94%	12.37%							

## Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible]

Average Current Rate PMPM	\$241.96	\$624.98	\$518.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Projected Member Months	4,004	1	1,869	200	200	200	200	200	934

## Section III: Experience Period Information

[illegible]

Premium Info	EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0									
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!									
	Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Incurred Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Allowed Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Section IV: Projected (12 months following effective date)**

Premium Information	Plan ID (Standard Component ID):	Total	39127KY0060001	39127KY0070005	39127KY0070007	39127KY0070008	39127KY0070009	39127KY0070010	39127KY0070011	39127KY0070012	39127KY0070013
	Plan Adjusted Index Rate	\$584.65	\$720.97	\$616.37	\$437.47	\$408.86	\$676.40	\$641.86	\$597.75	\$707.74	\$529.15
	Member Months	4,004	1	1,869	200	200	200	200	200	200	934
	Total Premium (TP)	\$2,340,959	\$721	\$1,151,996	\$87,494	\$81,772	\$135,280	\$128,372	\$119,550	\$141,548	\$494,226
	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Allowed Claims (TAC)	\$2,363,701	\$727	\$1,167,774	\$102,431	\$96,684	\$119,840	\$116,116	\$121,326	\$125,464	\$513,339
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Allowed Claims which are not the issuer's obligation	\$538,924	\$165	\$269,797	\$34,229	\$32,943	\$14,389	\$16,049	\$28,137	\$15,128	\$128,087
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	\$1,824,777	\$562	\$897,977	\$68,202	\$63,741	\$105,450	\$100,066	\$93,189	\$110,336	\$385,252
	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Risk Adj	-\$521	\$0	-\$243	-\$26	-\$26	-\$26	-\$26	-\$26	-\$26	-\$121
	Incurred Claims PMPM	\$455.74	\$562.00	\$480.46	\$341.01	\$318.71	\$527.25	\$500.33	\$465.95	\$551.68	\$412.48
	Allowed Claims PMPM	\$590.33	\$726.81	\$624.81	\$512.15	\$483.42	\$599.20	\$580.58	\$606.63	\$627.32	\$549.61
	EHB portion of Allowed Claims, PMPM	\$590.33	\$726.81	\$624.81	\$512.15	\$483.42	\$599.20	\$580.58	\$606.63	\$627.32	\$549.61